1	2	3	4	5
16	Jamanlal Goenka Dental College, Akola (Maharashtra)	1993	40	Amravati University
17	J.K.K. Natrajan Dental College, Komarapalayam (TN) (New admissions stopped by the Dental Council of India till further orders)	1985	40	T.N. Dr. M.G.R. Medical University
18	S.J.M. Dental College & Hospital, Chitradurga (Kar.) (New admissions stopped by the Dental Council of India till further orders).	1987	40	Mysore University
19	H.K.E. Society's Dental College, Gulbarga (Kar.) (New admissions stopped by the Dental Council of India till further orders).	1987	40	Gulbarga University
20	Sarjug Dental College, Darbhanga (Bihar) (New admissions stopped by the Dental Council of India till further orders).	1988	40	L. N. Mithila University

पंजाब में भ्रूण परीक्षण द्वारा की जाने वाली भ्रूण हत्याएं

1132. **श्रीमती सरला माहेश्वरी** : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि पंजाब में भ्रूण परीक्षण के द्वारा बड़े पैमाने पर भ्रूण हत्याएं की जा रही हैं;

(ख) यदि हां, तो सरकार द्वारा इस पर रोक लगाने के लिए क्या विशेष कदम उठाए गए हैं; और

(ग) क्या सरकार को इस बात की जानकारी है कि भ्रूण हत्या पंजाब में पुरूषों की तुलना में महिलाओं की कम होती संख्या का एक मुख्य कारण है ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी. शंकरानन्द) : (क) जी नहीं ।

(ख) लिंग निर्धारण, जिससे कुछ मामलों में कन्या भ्रूण-हत्या होती है, के प्रयोजन के लिए प्रसवपूर्व नैदानिक तकनीकों के दुरुपयोग को रोकने के लिए इन तकनीकों के प्रयोग को नियमित करने के लिए लोक सभा में एक विधेयक लाया गया है ।

(ग) पंजाब में लिंग अनुपात कम नहीं हो रहा है ।

Epidemic Outbreak in NOIDA

1133. DR. SANJAYA SINH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware of the apprehensions of the residents of NOIDA about the outbreak of an epidemic disease as stated in the news-item entitled 'Epidemic Outbreak in NOIDA feared', which appeared in the Hindustan Times dated 11th June, 1993;

(b) if so, the facts in this regard; and

(c) what are the steps Government have taken/propose to take in the matter ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) to (c) The Government of Uttar Pradesh have reported that as a result of timely preventive measures taken by their Health Department, there has been no epidemic in NOIDA this year so far. The State Government is being advised to keep a close watch on the situation.

मध्य प्रदेश में रींवा में हैजे के फैलने के कारण हुई मौतें

1134. **श्री तसली राम अग्रवाल** : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि मध्य प्रदेश के रींवा के तीन मुहल्लों में हैजा फैलने से मई, 1993 को 60 लोगों की मृत्यु हो गई;

(ख) यदि हां, तो हैजा फैलने का मुख्य कारण क्या था;

(ग) क्या सरकार चिकित्सा संबंधी राहत सुविधाएं न पहुंचाने के दोषी अधिकारियों के खिलाफ कार्यवाही कर रही है; यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार द्वारा हैजे से पीड़ित/मारे गए व्यक्तियों के निकट संबंधियों को कोई अनुग्रह राशि प्रदान की गई है; और

(ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है; यदि नहीं, तो उसके क्या कारण हैं ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानन्द) : (क) से (ङ) सूचना एकत्र की जा रही है और सदन के पटल पर रख दी जाएगी ।

Centres covered under Malaria Scheme Operation

1135. SHRI SARADA MOHANTY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what are the centres that have been covered under Malaria scheme operation, country-wise, district-wise, village-wise,

(b) whether any policy has been prepared by the Central Government in this regard to operate the centres in the particular area;

(c) whether Government propose to issue the permission to operate the scheme by the private organisations in the different centres of the country;

(d) if so, the details thereof; and

(e) if not, what are the reasons therefor ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) and (b) The National Malaria Eradication Programme is being implemented all over the country through the Primary Health Care infrastructure.

(c) No, Sir.

(d) Does not arise.

(e) Preventive, promotive and curative anti-malaria activities are best carried out through the public health infrastructure.

Health Care Services for children

1136. SHRIMATI KAMLA SINHA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware of the fact that only 12 percent of rural children and 29 per cent of urban children have access to health care services;

(b) whether 60 per cent of Indian Children are malnourished and over three million children under the age of five die every year: the majority of them from diarrhoea; and

(c) if so, what steps Government intend to take or have taken to ensure the availability of health care services to the children of the country and what are the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) No, Sir. A net-work of 131118 sub-centres, 20738 Primary Health Centres and 2128 Community Health Centres in the rural areas in addition to hospitals, dispensaries and other health facilities in the urban areas have been established to provide health care. Regular out-reach services under the Maternal and Child Health Programmes is also provided.

(b) As per the surveys conducted by National Nutrition Monitoring Bureau in eight States, 43.8 percent of children (1-5 years) suffer from moderate malnutrition and 87% from severe malnutrition. Based on the Child Mortality rates (Deaths among Children under the age of 5 years) published by the Registrar General of India (RGI) for 1990, it is estimated that 2.8 million children out of the total population of approximately 106 million die every year. The estimates based on the survey of Causes of Deaths (Rural)—1990 published by RGI show that diarrhoea (Gastro-enteritis, cholera and dysentery) accounts for approximately 9.5 per cent of all deaths among children under 5 years of age in rural areas.

(c) Programmes like Immunisation, Oral Rehydration Therapy, Pneumonia control (ARI Programme) along with prophylaxis against anaemia and vitamin 'A' deficiency are under implementation as part of the Maternal and Child Health Programme. These are being intensified under the Child Survival and Safe Motherhood Programme in a phased manner. Besides these, the Iodine Deficiency Control Programme and Supplementary Nutrition Programmes such as Integrated Child Development Services, Special Nutrition Programme, Balwadi Nutrition Programme and Mid-day Meal Programme are also being implemented.

Deaths due to Malaria in the Country

1137. SHRI KRISHNA KUMAR BIRLA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Malaria related deaths have almost doubled during the year 1991 as per report of the National Malaria Eradication programme ;

(b) if so, the facts and details thereof ;

(c) whether the steps contemplated by